

SECNAV INSTRUCTION 5300.28

From: Secretary of the Navy
To: All Ships and Stations

Subj: Alcohol and drug abuse control

- Ref:**
- (a) Public Law 92-255, (86 Stat 65), Drug Abuse Office and Treatment Act of 1972, as amended
 - (b) Public Law 91-616, (84 Stat 1848-1855), Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, as amended
 - (c) Public Law 92-129, Title V (85 Stat 381), Identification and Treatment of Drug and Alcohol Dependent Persons in the Armed Forces, as amended
 - (d) Federal Personnel Manual Chapter 792, Subchapter 5, and Federal Personnel Manual System Supplement 792-2 of 29 Feb 80, Alcoholism and Drug Abuse Programs (NOTAL)
 - (e) Department of Defense Directive 1010.4 of 25 August 1980, Alcohol and Drug Abuse by DOD Personnel (NOTAL)
 - (f) Department of Defense Instruction 1010.5 of 5 Dec 80, Education and Training in Alcohol and Drug Abuse Prevention (NOTAL)
 - (g) Public Law 91-513, Title II, The Controlled Substances Act, Comprehensive Drug Abuse Prevention and Control Act of 1970
 - (h) Armed Forces Disciplinary Control Boards and Off-Installation Military Enforcement (BUPERSINST 1620.4B, MCO 1620.2A)

- Encl:**
- (1) Drug Abuse Paraphernalia
 - (2) Policy on the Management of Cannabis Abuse
 - (3) Drug and Alcohol Abuser Identification Policy

1. Purpose. To promulgate the policies and regulations of the Department of the Navy (DON) concerning alcohol and drug abuse within DON, and to establish responsibility for execution of these policies in accordance with standards and procedures contained in references (a) through (f).

2. Cancellation. SECNAV Instructions 5300.20 and 5355.1A.

3. Applicability. The provisions of this instruction apply to all Navy and Marine Corps members, active and reserve, and to all civilian employees of DON, including personnel of non-appropriated fund instrumentalities, and to family members to the extent feasible.

4. Definitions. The following definitions are for operational use within the alcohol and drug abuse programs of DON. They do not change definitions in statutory provisions, regulations or directives that are concerned with personnel administration, medical care, or with determination of misconduct and criminal or civil responsibilities for persons' acts or omissions.

a. Alcohol and Drug Abuse. The use of alcohol and/or other drugs to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness, and/or on the user's health, behavior, family, or community. The wrongful or illegal possession or use of drugs in any amount also constitutes drug abuse.

b. Drug Trafficking. The illegal or wrongful introduction of drugs into a military installation, with the intent of selling or transferring the drugs; or the illegal or wrongful sale, transfer, or possession with intent to sell or transfer at any time of drugs listed in current schedules of the Controlled Substances Act (reference (g)).

c. Controlled Substances. A drug or other substance included in Schedule I, II, III, IV, or V established by Section 202 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (84 Stat 1236) as updated and republished under the provision of that act in the Code of Federal Regulations.

d. Alcohol and Drug Dependence. The reliance on alcohol and/or other drugs following use on a periodic or continuing basis. Dependence may be psychological or physical, or both (e.g., alcoholism is psychological and/or physical dependence on alcohol).

(1) Psychological Dependence. The craving for the mental or emotional effects of alcohol or other drugs that manifests itself in repeated use and leads to a state of impaired capability to perform normal functions.

(2) Physical Dependence. An alteration to the body or state of adaptation to alcohol or other drugs after repeated use that results in withdrawal symptoms when the drug is discontinued abruptly and/or the development of tolerance.

e. **Marijuana and Cannabis.** For purpose of this instruction the terms marijuana and cannabis are used interchangeably. Cannabis is the botanical name for a genus of plants commonly referred to as marijuana.

f. **Drug Abuse Paraphernalia.** All equipment, products, and materials of any kind that are used, intended for use, or designed for use in injecting, ingesting, inhaling, or otherwise introducing into the human body marijuana, narcotic substances, or other controlled substances in violation of law. Enclosure (1) includes a listing of common forms of property that can fall within the definition of drug abuse paraphernalia.

5. **Policy.** Alcohol and drug abuse by members of the Armed Forces or civilian employees of the military departments is incompatible with the maintenance of high standards of performance, military discipline, readiness and reliable mission accomplishment. Therefore, it is the goal of DON to be free of the effects of alcohol and drug abuse; of the illegal possession of and/or trafficking in drugs by military and civilian personnel of DON; and of the possession, use, sale, or promotion of drug paraphernalia. To achieve these goals it is the policy of DON that:

a. Persons who are alcohol or drug dependent shall not be inducted into the Navy or Marine Corps.

b. Persons who are alcohol or drug dependent shall not be hired as civilian employees if their dependency reasonably would appear to adversely affect job performance or the efficiency of the service.

c. Navy and Marine Corps members at all times, and DON civilian employees while on the job and/or on board a federal facility, shall not possess, sell, or use drug abuse paraphernalia.

d. Possession, sale or advertising of drug abuse paraphernalia by Navy and Marine Corps resale outlets is prohibited. This prohibition applies to military exchanges, open messes, and commissaries, and to private organizations and concessions located on DON installations.

e. Military members who are alcohol or drug dependent shall be counseled and given short-term rehabilitation services as required by references (c) and (e) to restore to full duty the maximum feasible number of those who have potential for further useful military service.

f. Drug traffickers, and those alcohol and drug abusers who cannot or will not be rehabilitated and restored to

useful service, shall be disciplined and/or discharged from naval service, where appropriate, in accordance with appropriate laws, regulations, and instructions.

g. Civilian employees evidencing alcohol and/or drug problems shall be offered counseling and referral to appropriate treatment facilities in accordance with references (a), (b), (d) and (e).

h. Family members who are dependents of alcohol or drug dependent military members, and, to the extent feasible, others in their household, and family members of alcohol or drug dependent civilian employees should be counseled and encouraged to participate on a voluntary basis in the member's rehabilitation program.

i. Family members who are themselves alcohol or drug dependent should be encouraged to enter treatment voluntarily for their own and the service member's or employee's benefit. Those eligible for treatment at government expense shall be referred as appropriate to military facilities on a space available basis or to civilian facilities which participate in CHAMPUS or the civilian employees federal health care benefit, as applicable.

j. Aggressive programs shall be established: to deter, detect, treat and discipline alcohol and drug abusers among military personnel; to deter, identify, offer assistance to, and take appropriate personnel actions regarding alcohol and drug abusers among civilian employees; to eliminate drug and drug paraphernalia trafficking, regardless of source, on installations and facilities under the control of DON; and to reduce or eliminate organizational, disciplinary, legal and health problems associated with alcohol and drug abuse by military personnel and civilian employees.

6. **Waiver of Exclusionary Policy.** Preservice abuse of drugs generally indicates a proclivity to continue abuse. However, persons who have abused drugs prior to application for naval service but who are not drug dependent may be considered for entrance on a case-by-case basis, provided the overall record indicates the applicant is qualified in all other ways for entry. Waiver of entry standards may be granted to such applicants under such regulations as the Chief of Naval Operations and Commandant of the Marine Corps may prescribe provided such applicants are judged highly likely to meet acceptable standards of performance and conduct without future abuse of drugs or alcohol. Additional guidance on the management of cannabis abuse is provided in enclosure (2). The Chief of Naval Operations and Commandant of the Marine

Corps, as applicable, shall establish further limitations on waiver of entry criteria for service as commissioned officers, for Submarine and Nuclear Power Programs, and for Personnel Reliability Program positions, to assure very low risk of drug abuse incidents in these programs by pre-service abusers.

7. Regulations Governing the Conduct of DON Military and Civilian Personnel. For purposes of this paragraph, the definitions of controlled substances and drug abuse paraphernalia in paragraph 4 of this instruction apply.

a. "Drug Introduction, Possession, Use, Sale, and Transfer. Article 1151 U.S. Navy Regulations, 1973, states except for authorized medicinal purposes, the introduction, possession, use, sale or other transfer of marijuana, narcotic substances or other controlled substances on board any ship, craft, or aircraft of the Department of the Navy or within any naval station or other place under the jurisdiction of the Department of the Navy, or the possession, use, sale, or other transfer of marijuana, narcotic substances or other controlled substances by persons in the naval service is prohibited."

b. **Drug Abuse Paraphernalia.** Except for authorized medicinal purposes, the use for the purpose of injecting, ingesting, inhaling, or otherwise introducing into the human body marijuana, narcotic substances, or other controlled substances, or the possession with the intent to so use, or the sale or other transfer with the intent that it be so used, of drug abuse paraphernalia by persons in the naval service is prohibited.

c. **Violations by Active Duty Military Personnel.** Article 1511 of U.S. Navy Regulations, 1973, and subparagraph 7b of this instruction are general orders upon which disciplinary or punitive action may be based in appropriate cases.

d. **Violations by Civilian Employees.** The regulations prescribed in paragraph 7 of this instruction constitute a standard of conduct for civilian employees of DON and as such any violation provides the basis for corrective action, including but not limited to adverse action, to enforce the policies in paragraph 5 of this instruction. Conduct by civilian employees in violation of these regulations may in certain cases also be a violation of local laws and as such prosecution by civilian authorities may be considered appropriate.

8. Training and Education. Continuing education and training programs shall be established in accordance with

reference (f) and shall focus especially on the prevention of alcohol and drug abuse. These programs shall include, but not be limited to:

a. Training of appropriate military and civilian supervisors in recognition, deterrence, enforcement, discipline, intervention, and referral to treatment of alcohol and drug abusers.

b. Training of appropriate military and civilian program staff personnel in the counseling and rehabilitation of alcohol and drug abusers.

c. Education in alcohol and drug use and abuse of all military personnel and of all civilian employees, and on a voluntary basis, when feasible, of dependents of active duty members and civilian employees.

d. Remedial/motivational education of alcohol and drug abusers with emphasis on behavior modification and motivation toward adoption and achievement of positive goals with the objective of satisfactory performance and conduct without further abuse of alcohol or drugs.

9. Standards of Practice

a. Programs and standards of practice established in execution of this policy for military personnel and their application to military dependents shall be in compliance with references (c), (e) and (f).

b. Programs and standards of practice established in execution of this policy for civilian employees and their application to dependents of civilian employees shall be in compliance with references (a), (b), (d), (e) and (f).

10. Staffing Considerations. In administering DON alcohol and drug abuse programs serving military and civilian personnel and families, special attention should be given to representation of women and specific minority groups among program administrators and counselors and those selected for special training so that they reflect the work force and client population being served.

11. Interagency Cooperation. Navy and Marine Corps alcohol and drug abuse program managers shall work in concert with national alcohol and drug abuse prevention programs, maintaining appropriate relationships with governmental and non-governmental agencies.

12. Selection Board Guidance Concerning Rehabilitated Members. Guidance consistent with the policy in this

instruction shall be provided to all officer and enlisted selection boards to assist them in determining proper action to be taken not only in cases where record entries indicate a need for remedial education or treatment, but also where members have demonstrated full recovery and restoration to productive service.

13. Action. The Chief of Naval Operations and the Commandant of the Marine Corps shall:

a. Establish alcohol and drug abuse prevention programs consistent with the policy guidance herein, giving specific attention to the functional areas of deterrence and detection (see enclosure (3)), treatment and rehabilitation, education and training, assessment, and enforcement and discipline. These programs shall be designed to support the functional areas of personnel management, recruiting, retention, and administrative separation. They should reach all military members, their dependents, and all DON civilian employees and, to the extent feasible, their families. Programs and standards of practice for dependent family members shall be consistent, to the extent permitted by law within the limitations in this instruction, with those for the military and civilian components, and with accepted practice in the alcohol and drug abuse area.

b. Provide personnel from alcohol and drug program management to represent DON in the deliberations and actions undertaken by the Department of Defense Alcohol and Drug Abuse Advisory Committee as required by reference (e), and to represent DON on such other military and governmental committees and task groups as may be requested from time to time by the Office of the Secretary of Defense. Those representatives shall keep the Assistant Secretary of the Navy for Manpower and Reserve Affairs (M&RA) continuously apprised of actions considered by such groups which would modify or impact upon the effectiveness of DON policies and programs.

c. Assure that appropriate measures are taken:

(1) to prevent on-station trafficking in drugs and drug paraphernalia by non-Defense personnel, and

(2) for off-station military enforcement, in compliance with reference (h), when the availability of drugs and drug abuse paraphernalia in the civilian community reveals a threat to the discipline, health, welfare or morals of members of the Armed Forces.

d. Assure maximum coordination and cooperation between Navy and Marine Corps programs for purposes of economy and departmental uniformity. As part of this cooperation the Commandant of the Marine Corps will provide counselor and administrative assistance to naval treatment centers in appropriate proportion to the numbers of Marine personnel undergoing treatment.

e. Take strong measures to screen for preservice drug abusers at the point of initial application for entry into the naval service. Establish a preservice waiver procedure, consistent with this instruction, to consider good risk applicants who have engaged in preservice use of drugs.

f. Request exceptions to the policies herein for medical, educational, operational or personnel management purposes when deemed essential.

g. Supply necessary data to the Office of the Secretary of Defense as required.

h. Provide semiannual management assessments to the Assistant Secretary of the Navy (M&RA) covering program operations; scope and resource summaries; detection, counseling, and rehabilitation program loads; abuse levels; disciplinary loads and separations; effectiveness of perservice and inservice waivers of exclusionary policies; and other information found timely and pertinent to drug and alcohol abuse control. Report Symbol SECNAV 5300-1 is assigned and is approved for 2 years from the date of this directive.

JOHN LEHMAN

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DRUG ABUSE PARAPHERNALIA

1. The term "Drug Abuse Paraphernalia" means all equipment, products, and materials of any kind which are used, intended for use, or designed for use in injecting, ingesting, inhaling or otherwise introducing into the human body marijuana, a narcotic substance, or other controlled substance in violation of law. It includes but is not limited to:

a. Hypodermic syringes, needles and other objects used, intended for use, or designed for use in injecting controlled substances into the human body, and metallic or other containers used for mixing or other preparation of heroin, morphine, or other narcotic substances prior to such an injection;

b. Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, such as:

(1) Chamber pipes, carburetor pipes, electric pipes, air-driven pipes, chillums, bongs, ice pipes or chillers, and other pipes, with or without screens, hashish heads, or punctured metal bowls, designed for the purpose of smoking marijuana or hashish;

(2) Roach clips: meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;

(3) Cocaine spoons.

2. The words "equipment, products, and materials" should be interpreted according to their ordinary or dictionary meanings. To insure that innocently possessed objects are not classified as drug abuse paraphernalia, paragraph 7b of the basic instruction makes the criminal intent of the person in possession or control of an object a key element of the definition. Some evidentiary factors to consider in determining this criminal intent, and hence whether an object is drug abuse paraphernalia, are as follows:

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- a. Statements by the person in possession or by anyone in control of the object concerning its use;
- b. The proximity of the object, in time and space, to the unlawful use, possession, sale or transfer of drugs;
- c. The proximity of the object to controlled substances;
- d. The existence of any residue of controlled substances on the object;
- e. Instructions, oral or written, provided with the object concerning its use;
- f. Descriptive materials accompanying the object which explain or depict its use;
- g. The existence and scope of legitimate uses for the object in the community;
- h. Expert testimony concerning its use.

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POLICY ON THE MANAGEMENT OF CANNABIS ABUSE

1. Description. Cannabis is the botanical name for a genus of plants commonly referred to as marijuana. Currently the abuse of cannabis by many young people in our society is related to the phenomenon of adolescent experimentation. Such abuse is often discontinued or dramatically reduced as the abuser matures.

2. Preservice Abuse. It is essential that persons whose preservice cannabis abuse indicates a proclivity to continue abuse in service be excluded from naval service. However, to exclude from the naval service persons who have experimented with cannabis but who no longer abuse the drug, solely because of their prior cannabis experimentation, is both unnecessary and impractical. Therefore, the following guidance is established for use in recruiting personnel for officer and enlisted programs other than the Submarine and Nuclear Power Programs, and Personnel Reliability Programs (PRP). The CNO shall establish more stringent entry criteria for commissioned officers and to assure no drug abuse among personnel in Submarine, Nuclear Power, and PRP programs.

a. Non-disqualifying Abuse. Limited preservice cannabis abuse is not disqualifying for entry into the naval service. Limited preservice cannabis abuse is defined in three elements, all of which must be present before an applicant falls within this category:

(1) The preservice cannabis abuse can consist of no more than ten instances of cannabis experimentation.

(2) None of the instances of cannabis experimentation can have occurred during the 90-day period immediately preceding the application for entry in the naval service.

(3) None of the instances of experimentation can have resulted in an arrest or judicial adjudication.

b. Disqualifying Abuse, No Waiver Authorized. Chronic cannabis abuse and cannabis dependence, either psychological or physical, are disqualifying conditions for entry in naval service. Chronic abuse is the repeated abuse of cannabis with such frequency that it appears that the applicant has

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accepted the abuse of or reliance on cannabis as part of his/her pattern of behavior. Psychological dependence is the craving for the mental or emotional effects of a drug that manifests itself in repeated abuse and leads to a state of impaired capability to perform normal functions. Physical dependence is an alteration to the body or state of adaptation to a drug after repeated abuse that results in withdrawal symptoms when the drug is discontinued and/or the development of tolerance. Applicants falling within this category are disqualified from entry in the naval service. No waivers may be granted.

c. Disqualifying Abuse, Waiver Authorized. All applicants whose preservice cannabis abuse exceeds that described in subparagraph 2a above but whose cannabis abuse does not disqualify them from naval service under subparagraph 2b above may be considered for entry into the naval service. Those whose overall record indicates they are in all other ways qualified for entry into the naval service and can be expected to meet acceptable standards of performance and conduct without abuse of drugs may be inducted into the naval service under a waiver granted under regulations prescribed by the CNO or CMC.

3. Inservice Abuse. Commanding officers will consider all available measures in determining what action to take in each case of cannabis abuse. These measures include disciplinary actions, administrative actions, therapeutic counseling, medical treatment and motivational education. Motivational education has proven to be an effective method for assisting the nonaddicted alcohol abuser. Commanding officers are, therefore, encouraged to use motivational education in cannabis cases where rehabilitation is warranted but when the need for more lengthy treatment measures such as Naval Drug Rehabilitation Center (NDRC) referral is not indicated. In determining what administrative or disciplinary actions are appropriate, commanding officers should evaluate the cannabis case as they would any other disciplinary case involving drug abuse. Careful consideration of all facts and circumstances surrounding the cannabis abuse, the length and character of the offender's service and all other mitigating, extenuating and aggravating circumstances is essential to a proper determination of actions appropriate to achieving the basic policy objectives of this instruction.

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DRUG AND ALCOHOL ABUSER IDENTIFICATION POLICY

1. Identification Policy. Strong command support for identification programs is essential to prevent and eliminate drug and alcohol abuse through appropriate disciplinary or administrative action, and to restore to full duty abusers who have a potential for continued useful naval service.

a. Alcohol Abuse and Alcoholism. Alcohol abuse and the disease of alcoholism are preventable and treatable, and require the application of enlightened attitudes and techniques by command, supervisory, and health service personnel for effective management. Prevention of alcoholism is the responsibility of the individual. Enlightened policies toward alcoholism can assist individuals in recognizing and accepting their personal responsibility for its prevention. Less seriously afflicted individuals also bear a responsibility for obtaining treatment. However, the denial by the alcoholic of his or her alcoholism is recognized as a common symptom of the illness, and the actively drinking alcoholic is least qualified to diagnose his or her illness and prescribe proper treatment. Accordingly, it is the policy of DON to identify and treat military members requiring rehabilitation whether or not they first seek treatment. Navy and Marine Corps alcoholism prevention programs have demonstrated excellent effectiveness even among those who have been involuntarily ordered into treatment by their commands. Under current guidelines, however, treatment for civilian personnel is optional with the individual concerned. Studies of program operating expense versus retention, reduced hospitalization and accident costs, and other accrued benefits have confirmed a high benefits to cost ratio, thus justifying a rigorously enforced policy aimed at positive identification followed by remedial education for abusers and rehabilitation for alcoholics. Failure to identify individuals evidencing alcohol problems and to rehabilitate them results in the loss of resources, interferes with reliable mission accomplishment, and can cost the lives of afflicted persons and other military and civilian personnel.

b. Drug Abuse and Drug Dependence. Failure to identify drug abusers, to rehabilitate those with potential for future useful service and to separate those without potential also results in the loss of resources, can cost the lives of abusers, interferes with reliable mission accomplishment and can cost the lives of military and civilian personnel. Therefore, all effective methods shall be employed to identify incidents of drug abuse and to identify and treat

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military members requiring rehabilitation whether or not they first seek treatment. Law enforcement, voluntary disclosure, and urinalysis are considered the primary methods of drug abuse identification. Restoration and retention of the young abuser evidencing potential for further service is a primary goal shown to be cost effective and short term rehabilitation to this end should be pursued when warranted.

2. Enforcement. To ensure that the provisions of this instruction as well as those of other guidances applicable to the control of alcohol and drug abuse among naval personnel are properly enforced and provide maximum contribution to good order and discipline, individual performance and unit operational readiness, commanders, commanding officers, and officers in charge shall, to the extent practicable, make fullest use of administrative and punitive procedures, and take all necessary actions including, but not limited to, the following:

- a. Employ to the extent feasible specially trained investigative and enforcement personnel.
- b. Request drug detector dog team sweeps on frequent but unpredictable schedules.
- c. Obtain and use portable urinalysis and other identification and surveillance equipment and methods.
- d. Schedule frequent inspection and assistance visits by headquarters and other senior personnel.
- e. Assure prompt and consistent application of military justice and, if warranted, initiate positive restorative actions such as motivational education coupled with a rigorous, productive work routine and command counseling, or rehabilitation at a Counseling and Assistance Center or Naval Drug Rehabilitation Center.
- f. Maintain follow-up and close observation of rehabilitees for at least 12 months after treatment and promptly address any recidivism.
- g. Assign reliable and experienced officers and senior enlisted members as enforcement and program management personnel and assure they receive available specialized

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training prior to filling key command drug and alcohol program billets.

h. Provide prompt and accurate incident reports involving drug and alcohol abuse to superiors in command as prescribed by the CNO and the CMC to facilitate identification of area "hot spots" and enable expeditious initiation of enforcement countermeasures, assignment of additional resources to the affected area, etc. These reporting requirements are essential to the command's enforcement mission. Accordingly, officers in the field must be assured by their seniors that in today's climate a certain degree of alcohol and drug abuse is to be expected. Consequently, their reporting of onboard drug and alcohol abuse problems will be treated in the same light as reports of serious manpower or equipment casualties and the mere fact of reporting incidents will not reflect adversely upon the officer's personal abilities.

Long recognized techniques should be used to develop and maintain the disciplined life anticipated by virtually all members upon their initial entry into the naval service. Reinforcement of historic Navy and Marine Corps customs and traditions coupled with strong emphasis on pride and professionalism can be the commander's most effective means of establishing a climate where drug and alcohol abuse is not tolerated by the mature officers and enlisted members, and is also rejected as a matter of choice by the younger peer leaders.

3. Command Directed Urinalysis Policy. Because drug abuse adversely affects unit readiness and reliable mission accomplishment, enforcement programs will be supplemented with command directed urinalysis tests to disclose drug abuse among military personnel; provisions of this paragraph are not applicable to civilian employees or dependents. Command directed urinalysis tests shall be conducted expeditiously in the following circumstances:

a. Unit Detection. Commanders shall make judicious use of command-directed urinalysis in random sampling and unit sweeps when there is reason to suspect that drug use will be disclosed, especially in areas where there is a high availability of hard drugs or where there is a serious problem with drug and alcohol abuse.

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b. Individual Behavior. Command-directed urinalysis tests shall be conducted expeditiously when incidents occur which, in conjunction with other circumstances, demonstrate that the individual concerned exhibits some identifiable trait of alcohol or drug abuse. Although the decision to test is a command judgment, tests will ordinarily be ordered for individuals who exhibit some identifiable trait of alcohol or drug abuse and:

- (1) Behave in bizarre or irregular ways.
- (2) Return from unauthorized absences.
- (3) Are involved in serious accidents, violate safety precautions or perform other unusually careless acts.
- (4) Are being investigated for drug offenses.
- (5) Are involved in fights, confrontations or similar activities.
- (6) Are involved in any incident indicating drunkenness.

c. Breaches of Discipline. Other incidents involving repeated or serious breaches of discipline should be examined in the context of other circumstances to determine if there is probable involvement of drug or alcohol abuse. Where such probability is determined to exist, urine tests will be conducted expeditiously.

d. Considerations in Disciplinary Use. Under current DOD regulations, the results of urinalysis testing administered for the purpose of identifying drug abusers (e.g., unit sweeps, etc.) may not be used for disciplinary purposes or as a basis for characterizing a member's discharge as less than an Honorable discharge. However, when there is probable cause to believe a crime has been committed, compulsory urinalysis can be used for the purpose of disciplinary action and resulting service characterization. (Probable cause and urinalysis are covered in Rules of Evidence 315f(2) and 312d, Chapter 27, Manual for Courts-Martial.)

4. Voluntary Self-Referral For Rehabilitation. Enforcement and command-directed urinalysis programs are essential means of achieving a drug-free naval service. A means is also

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required to enable those who feel they may be drug dependent, and want help, to obtain that help without risk of disciplinary action. To provide an avenue that will encourage such members to seek rehabilitation, a Voluntary Self-Referral Rehabilitation Procedure is established and will be implemented under the following guidelines:

a. Procedure. Any member of DON with a drug abuse problem may obtain treatment or rehabilitation, as required, by means of self-referral. Members identified as drug abusers through self-referral will be evaluated and treated or entered into a rehabilitation program, if necessary, on the same basis as members whose drug abuse is disclosed by urinalysis testing. Military members who seek treatment or rehabilitation for drug abuse may initiate the evaluation and treatment process by voluntarily disclosing the nature and extent of their drug abuse to qualified drug screening personnel. Immediately following disclosure, the screening activity shall notify the member's commanding officer of the military member's self-referral and recommend a course of treatment (NDRC, local treatment and counseling, or referral for appropriate medical evaluation, as necessary).

b. Limited Immunity from Disciplinary Action. Disclosures made by a member to the appropriate drug screening personnel relating to the member's past drug use or possession incident to such use are privileged and may not be used against the member in any disciplinary action under the Uniform Code of Military Justice, or as the basis (in whole or in part) for characterizing a discharge as other than an Honorable discharge, provided that such information is disclosed by the member for the express purpose of seeking or obtaining treatment or rehabilitation. This limited privilege of disclosure also applies to the complete treatment process as it involves both medical and non-medical drug treatment activities.

c. Information Not Privileged. Information disclosed by a member to persons other than drug screening, counseling, treatment, or rehabilitation personnel, is not privileged. Information disclosed after official questioning and relating to that questioning in connection with any investigation or any administrative or disciplinary proceeding, shall not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not privileged under this instruction.

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d. Liability to Disciplinary and Administrative Action for Drug Abuse. Members remain subject to disciplinary action and to administrative action leading to discharge with less than an Honorable discharge for all drug related offenses. This includes offenses for which limited immunity is provided under paragraph 4b, above, when the evidence is not derived from or attributable to the privileged disclosures.

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